

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/526979  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/	/			
2	/		/				52		/	/			
3	/		/				53		/	/			
4	/		/				54	/	/	/			
5	/		/				55	/	/	/			
6	/		/				56		/	/			
7	/		/				57		/	/			
8	/		/				58		/	/			
9	/		/				59	/	/	/			
10	/		/				60	/	/	/			
11	/		/				61	/	/	/			
12	/		/				62	/	/	/			
13	/		/				63	/	/	/			
14	/		/				64	/	/	/			
15	/		/				65	/	/	/			
16	/		/				66	/	/	/			
17	/		/				67	/	/	/			
18	/		/				68	/	/	/			
19	/		/				69	/	/	/			
20	/		/				70	/	/	/			
21	/		/				71	/	/	/			
22	/		/				72	/	/	/			
23	/		/				73	/	/	/			
24	/		/				74	/	/	/			
25	/		/				75	/	/	/			
26	/		/				76	/	/	/			
27	/		/				77	/	/	/			
28	/		/				78	/	/	/			
29	/		/				79	/	/	/			
30	/		/				80	/	/	/			
31	/		/				81	/	/	/			
32	/		/				82	/	/	/			
33	/		/				83	/	/	/			
34	/		/				84	/	/	/			
35	/		/				85	/	/	/			
36	/		/				86	/	/	/			
37	/		/				87	/	/	/			
38	/		/				88	/	/	/			
39	/		/				89	/	/	/			
40	/		/				90	/	/	/			
41	/		/				91	/	/	/			
42	/		/				92	/	/	/			
43	/		/				93	/	/	/			
44	/		/				94	/	/	/			
45	/		/				95	/	/	/			
46	/		/				96	/	/	/			
47	/		/				97	/	/	/			
48	/		/				98	/	/	/			
49	/		/				99	/	/	/			
50	/		/				100	/	/	/			
TOTAL IND.	37	↓	25	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	36	←	16	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	73		41				TOTAL CLAIMS						

BEST AVAILABLE COPY